

DELEGATION OF AUTHORITY

Delegation Of Authority Request									
Agency or Department or Judicial:	Pay Group:								
<p>Effective on _____ or until _____. The undersigned authorized agent is hereby delegated to approve and sign on my behalf, expenditure documents and personnel forms indicated below:</p> <p><input type="checkbox"/> Expense Reimbursements: Sign Certification</p> <p><input type="checkbox"/> Expense Reimbursement 3.4 Bulletin Exceptions:</p> <p style="padding-left: 40px;"><input type="checkbox"/> May sign for meals over 60 days (memo from Department Commissioner attached w/this form)</p> <p style="padding-left: 40px;"><input type="checkbox"/> May sign off for Car Rentals (memo from Department Commissioner attached w/this form)</p> <p style="padding-left: 40px;"><input type="checkbox"/> May sign for meal exceptions over the Max (memo from Department Commissioner attached w/this form)</p> <p><input type="checkbox"/> Payroll: Sign Certification</p> <p><input type="checkbox"/> Salary Advances/Special Check: May sign/request on behalf of employee</p> <p>It is our understanding that this authorization can be changed or cancelled at any time upon proper notification to this office.</p> <table><tr><td>_____ Name/Title of Authorized Agent (please type)</td><td>_____ Employee #</td></tr><tr><td>_____ Signature of Authorized Agent</td><td>_____ Date</td></tr><tr><td>_____ Name of Organization Head (please type)</td><td></td></tr><tr><td>_____ Signature of Organization Head</td><td>_____ Date</td></tr></table>		_____ Name/Title of Authorized Agent (please type)	_____ Employee #	_____ Signature of Authorized Agent	_____ Date	_____ Name of Organization Head (please type)		_____ Signature of Organization Head	_____ Date
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*** Print, Sign, and Mail form back to ***									
Department of Finance & Management Payroll Division 109 State St., Montpelier, VT 05609-1501									